09979

246. REGISTRAR'S SIGNATURE

|  | 228  | 7         | CERTIFIC                   | ATE OF DEATH  | 1                      |                                       | Reg. Dist. N     |            | ( <sub>4</sub> <b>6</b> 7 ) |
|--|--|-----------|----------------------------|---|------------------------|---------------------------------------|------------------|------------|-----------------------------|
| 1. PLACE OF DEATH<br>o. COUNTY                                 | . Mary's   |           | MARYLAND                   | 2. USUAL RESIDENCE (WHO O. STATE Maryl                        |                        | lived. If institution b. COUNTY       | on: Residence be |            | isian)                      |
| b. CITY OR TOWN RURAL and give                                 | (If outside carporote limit  | s, write  | c. LENGTH OF STAY IN 16    | c. CITY OR TOWN (If o   | outside corpor         | ote limits, write R                   | URAL and give r  | earest tow | 'n)                         |
| Leonardi   | own  |           | DOA                        | X Rural   | Holly                  | wood                                  |                  |            |                             |
| d. NAME OF HOSE<br>OR INSTITUTION                              | St. Ma:  |           | oddress) Hospital          | d. STREET ADDRESS   |                        |                                       |                  | ON         | SIDENCE<br>A FARM?          |
| 3. NAME OF<br>DECEASED<br>(Type or print)                      | Cla  | renc      | e Howard                   | Ambrose   | 4. DATE<br>OF<br>DEATH | Feb.                                  | m 23             | Day        | Year<br>1959                |
| 5. SEX<br>Male   | 6. COLOR OR RACE White   | 7. MARR   | ED DIVORCED DIVORCED       | B. DATE OF BIRTH Oct. 25,189                                  |                        | 9. AGE (In years lost birthdoy)  yrs. | Months Doys      | -          |                             |
| 10o. USUAL OCCUPAT<br>during most of wo<br>Leaderma            | TION (Give kind of work of prking life, even if retired) in Sheet Me   | tal       | Shop U.S.N.                | West Virg   |                        | untry)                                | U.S              | OF WHA     | T COUNTR                    |
| 13. FATHER'S NAME  |  |           |                            | 14. MOTHER'S MAIDEN N   | AME                    |                                       |                  |            |                             |
| Ra   | ymond Ambi   | rose      |                            | Laur  | a Dit                  | mar                                   |                  |            |                             |
| 15. WAS DECEASED EN<br>(Yes, no. or unknown)<br>NO             | (ER IN U. S. ARMED FORG  | rvice)    |                            | udra G.Ambr   | ose                    | Hollyv                                |                  | ld.        |                             |
| PART I. DI   | EATH [Enter only one con<br>EATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o) | (         | ne for (o), (b), and (c).] | least Ja  | Don                    |                                       |                  | TERVAL BI  |                             |
| Conditions, if gove rise to couse (o), stotin lying couse last | any, which (b) immediate g the under-                                  | Ch        | rdue la pre                | lits reugh  | John                   | • ,                                   | 6                | 7          | *7                          |
| PART II. O   | THER SIGNIFICANT CON   | DITIONS ( | CONTRIBUTING TO DEATH BU   | T NOT RELATED TO THE TERMI                                    | NAL DISEASE            | CONDITION GIV                         | EN IN PART 1(o)  | PERFO      | AUTOPSY<br>ORMED?           |
| OR CONTRIBUTION  | VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)                   | 20b. DES  | CRIBE HOW INJURY OCCURR    | ED. (Enter noture of injury in f                              | Part I or Part         | 11 of item 18.)                       |                  |            |                             |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.                       | <b>6</b>   | While     | NJURY OCCURRED 20e. P      | LACE OF INJURY (Hame, form octory, street, affice bldg., etc. | 20f. (City             | or town)                              | (Count           | 1)         | (State)                     |
| 21. 1 certify alive an   | that I attended the  | deceas    | and that deat              | h occurred at 3 R   |                        | the causes a                          |                  | ate stat   |                             |
| PHYSICIAN'S<br>NAME (Type)                                     | Julian S.  | La        | ne M.D.                    |   |                        | Park,<br>Maxxi                        |                  | nd         |                             |
| 220. BURIAL CREMATI  | ON, 226. DATE THEREO   | F         | Berkeley                   | or crematory<br>Springs                                       | Berke                  | on (city, town, celey Sp              | rings,           | (Sta       | W.VI                        |
| 23. FUNERAL DIRECTO  | R'S SIGNATURE  | 71.0      | ADDRESS                    | 24n REC'I   | D BY REGISTR           | AR 24b REGIS                          | TRAR'S SIGNAT    | LIRE       |                             |

W. ClarkeMattingley Leonardtown, Maryland DATE FEB 2 5 59

TO FUNERAL DI Poge 3 should TO HOSPITAL OR VS A15 (4) 15M 10/57

· Paragraph Comment of the Comment o ATTAIL RESOLUTION TO CASE LINE STORY 

# FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the criticate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be a parted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State II of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any eventhwithin 72 hours after death.

VS. A15ME 5M 2/57

2

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02274

| c. COUNTY St. Mary's MARYLAND  C. CITY OR TOWN 1st outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b end give nearest lywn)  Leonardtown 2 hrs  | c. CITY OR               | Maryl.  |                     |                                  |           |       | lyre own |                     |  |
|---|--------------------------|---|---------------------|----------------------------------|-----------|-------|----------|---------------------|--|
| c. LENGTH OF STAY IN 16 and give nearest town conditions write BURAL c. LENGTH OF STAY IN 16 2 hrs  | c. CITY OR               |   |                     | D. COUNT                         | Yax       | XXX   | xke      | R                   |  |
| LALANCE OF HOSPITAL OF INSTITUTION OF   | X Val                    | ley L   | side carporat       |                                  |           |       |          |                     |  |
| St. Mary's Hospital  St. Mary's Hospital  | d. STREET A              | DDRESS  |                     |                                  |           |       | ON       | ESIDENCE<br>A FARM? |  |
| NAME OF First Middle DECEASED (Type or print) Gladys  | Bennett                  |   | DATE<br>OF<br>DEATH | Feb.                             | 3         | Doy   |          | 1959                |  |
| 6. COLOR OR RACE 7. MARRIED NEVER MARRIED    Coored widowed Divorced  |                          | ,1900   | 9. 6                | GE (In years it birthday)  Byrs. | Months    | Doys  | Hours    | ER 24 HRS.<br>Min.  |  |
| USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRING MOST OF BUSINESS OR INDUSTRIBUTION HOME  | STRY 11. BIRTHPLA        | CE (Stote or fo                               | oreign countr       | 7)                               |           | S. A  |          | COUNTRY             |  |
| Henry A. Biscoe   | 14. MOTHER'S A           | aura V  |                     | ts                               |           |       |          |                     |  |
| as as unless at a diff. It has a first  | informant<br>seph Be     | ennett  | Val                 | ley L                            | ee,       | Mar   | yla      | nd                  |  |
| Canditions. if ony, which gave rise to immediate cause (a), stating the underlying cause last.  Canditions if ony, which (b) DUE TO (c)   | alf                      | slock   | -wood               | of very                          |           |       |          | us                  |  |
| PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO T         | THE TERMINAL                                  | DISEASE CO          | NDITION GIV                      | EN IN PA  | - 1   |          | AUTOPSY<br>PRMED?   |  |
| 206. EXTERNAT CAUSE WAS PRIMARY P or CONTRIBUTING CAUSE OF DEATH.   | (Enter noture of inju    | ury in Port I or                              | Part II of ite      | im 18.)                          |           |       |          |                     |  |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PL. While Not white of work of | pory, street, office the | bidg., etc.)                                  | Chan                | Callan                           | largui    | + 1/2 | arus     | (State)             |  |
| opinion death resulted fram: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner []  |                          |   |                     |                                  |           |       |          |                     |  |
| EXAMINER'S P. J. Bean M. D.   | ASSISTAN                 | EDICAL EXAMI<br>IT MEDICAL EX<br>MEDICAL EXAM | XAMINER [           |                                  | 长         | ef    | DATE S   | 59                  |  |
| Burial (Specify)  Burial (Specify)  22b. Date thereof 2/7/59  Bethesda  |                          | 22d   | LOCATION            | (City, town, c                   | 90.00     | ryl   | and      | e)                  |  |
| funeral director's signature ADDRESS  Clarke Mattingley Leonardtown. A  |                          | DATEEB 1                                      |                     | 24b. REGIS                       | TRAR'S SI |       | RE       |                     |  |

| E-128 March 19 19                       |  | There are |  |
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the fined copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M.

# ATTENDISCIPAL OR HOSPITAL: The law requires that the death certificate be executed we have bottom copy may be retained by the hospital or attending physician.

TO ATTENDI

| MARYLAND       | STATE DEPARTMENT | OF HEALTH-BALTIMORE, | 18 |
|----------------|------------------|----------------------|----|
| 111/20 1 2/110 | AIVIE BELWEIMENT | AL HEVELLI PARIMIANT | -  |

| 2 | 3 | 43 | en   | 91% | 9- |
|---|---|----|------|-----|----|
| 4 | 1 | 13 | 10 8 | 蛇   | -  |
|   |   | -6 |      | 4   | 1  |

| The place of Death  COUNTY St. Mary S  MARYLAND  STATIMENT STATE  COUNTY St. Mary S  CITY (Il solide component limits, with RURAL and give necessite form)  To limit of the server of th | 22                                   | 89 CER                                    | IIIICAIE   | OF DEA                     | Re                         | g. Dist. No           |              |
|--|--------------------------------------|---|--|----------------------------|----------------------------|-----------------------|--------------|
| CITY (II outside compress training, write SURAL on of give incertal form)?  CITY (II outside compress training, write SURAL on of give incertal form)?  CONN. A give innered form)?  Fig. 1. Leonard to Will (In rural give location)  NOTICE (First)  P. ADRESS  St. Mary & Hospital  STEET ADRESS  St. Mary & Hospital  DAVID (II rural give location)  NOTICE (First)  Boy (Cusic Part Fol)  Boy (First)  DAVID (II rural give location)  P. AGE last birthday (II rural give location)  NOTICE (First)  DAVID (First)  Boy (Cusic Part Fol)  Boy (First)  DAVID (First)  Boy (Cusic Part Fol)  DAVID (First)  Fol David (First)  For Davi | 1. PLACE OF DEATH                    |   | Committee of the contract of t | 2. USUAL RESIDEN           | CE (HOME) OF DE            | CEASED                |              |
| CITY (II outside compress training, write SURAL on of give incertal form)?  CITY (II outside compress training, write SURAL on of give incertal form)?  CONN. A give innered form)?  Fig. 1. Leonard to Will (In rural give location)  NOTICE (First)  P. ADRESS  St. Mary & Hospital  STEET ADRESS  St. Mary & Hospital  DAVID (II rural give location)  NOTICE (First)  Boy (Cusic Part Fol)  Boy (First)  DAVID (II rural give location)  P. AGE last birthday (II rural give location)  NOTICE (First)  DAVID (First)  Boy (Cusic Part Fol)  Boy (First)  DAVID (First)  Boy (Cusic Part Fol)  DAVID (First)  Fol David (First)  For Davi | COUNTY St. Mary                      | St. Mary                                  |  |                            |                            |                       |              |
| TOWN Leonardtown 7 Has 100 Has | CITY (It outside corporete limits, w | vrita RURAL                               |  | CITY (If outside corpor    | and limits, write RURAL er | nd give nearest fown) | ,            |
| STREET ADDRESS STEET ADDRESS STEET ADDRESS STREET (INDRESS OF STREET AND ST | TOWN -                               | wn  | 7 Hrs  | TOWAL                      | vwood                      |                       |              |
| S. NAME OF   (Inst)   Baby   (Causic   Baby   Causic   Baby   Causic   Baby   Causic   Baby   Causic   Baby   Causic   Baby   Baby   Causic   Baby   Causic   Baby   Bab   | INSTITUTION OR                       | larv.s Hosi                               | nital  | \$ STREET                  | (Il rural giv              | a location)           |              |
| Bath   Boy   Clusic   Death   Feb   3   16   O.  | 3. NAME OF (First)                   | (/  | Aiddle)  | (Last)                     |                            | th) (Day)             | (Yaar)       |
| 5. SEX 6. COLOR OR RACE 7. SINGRE, MARRIED. White 17. SINGRE, MARRIED. RACE 18. SINGRE 18. |                                      | rv l                                      | Boy  | Cusic                      | TO BY A TOTAL              | eb 3                  | 1959         |
| Note   | 5. SEX   6. COLOR OR                 | 7. SINGLE, MARRIEL                        | D. B. DATE O   | F BIRTH S                  | . AGE last birthday        | IF UNDER 1 YEAR       |              |
| done during most of working life, even if None None None None None None None None  |                                      | (Specify) Sir                             | ngle   Feb   | . 3 7959                   | yrs.                       | Months Days           | min.         |
| 13. FATHER'S NAME    14. MOTHER'S MADEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FOREST   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   16. MOTHER'S MADENS   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. MEDICAL CURVE   19. MEDICAL CERTIFICATION   19. MEDICAL CURVE   19. | dona during most of working lile,    | even il OR I                              | INDUSTRY   |                            | n country)                 | COUNT                 | RY?          |
| 15. WAS DECRASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NONe  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. MEDICAL CERTIFICATION  1 |                                      |   |  |                            | IAME                       |                       |              |
| 15. WAS DECRASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NONe  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. MEDICAL CERTIFICATION  1 | Joseph                               | Cusic                                     |  | Mary B.                    | Matting]                   | V                     |              |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY (B)  SITATING UNDERLYING CAUSE LAST DUE TO  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTENBULING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS TO DETERMING OF DEATH  19. DATE OF OPERATION  19. DATE OF OPERATION  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or lown)  (Country)  (State)  22. AUTOPSY? YES NO  23. BURNAL CERMANION, M. et work et work  19. DATE SIGNIFICAN  23. BURNAL CREMANION, SIGNATURE  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. FUNERAL DIRECTOR'S SIGNATURE  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  28. BURNAL, CREMANION, REMOVAL (SPECIFY)  BUT 12  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  28. BURNAL, CREMANION, REMOVAL (SPECIFY)  BUT 12  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  28. BURNAL, CREMANION, REMOVAL (SPECIFY)  BUT 12  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  | 15. WAS DECEASED EVER IN U. S. AR    | MED FORCES? 16.                           | SOCIAL SECURITY NO.  | 17. INFORMANT & A          | DDRESS                     |                       |              |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATI |                                      | detes of service)                         | None   | Mary B. M                  | attingly.                  | Hollywoo              | od, Md.      |
| ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  SITATING UNDERLYING CAUSE LAST,  TO THE ABOVE CAUSE LAST,  TO THE ABOVE CAUSE  SITATING UNDERLYING CAUSE  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  192. DATE OF OPERATION  195. MAJOR FINDINGS OF OPERATION  196. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  216. ACCIDENT WAS UNDERLYING  OF INJURY STREET, of like bidg., stc.)  OF INJURY MERCULAL EXAMINER;  AND While  OF INJURY MERCULAL EXAMINER;  OF INJURY MERCULAL EXAMINER;  AND While  SIGNATURE  22. I hereby certify that I attended the deceased from the story of white of work of the wor | I DISEASES OR CONDITIONS DIRECTL     | Y LEADING TO DEATH                        | 18. MEDICAL CER  |                            |                            | INTER\                | AL BETWEEN   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)  21e. AUTOPSY? YES NO  21e. WHERE DID INJURY OCCUR?  White Not white of INJURY OCCUR?  White Not white of Work of the Work of Injury OCCUR?  White of Work of the Work of Injury OCCUR?  White of Work of the Work of Injury OCCUR?  White of of Injury OCCUR?  II OTHER SIGNIFICANT OR OF INjury OCCUR?  II OTHER SIGNIFICANT OR OF INjury OCCUR?  White of Injury OCCUR?  II OTHER SIGNIFICANT OR OF INjury OCCUR?  White of Injury OCCUR?  II OTHER SIGNIFICANT OR OF INjury OCCUR?  I | 762.0 IMMEDIATE CAUSE                | (A) 19                                    | notia t  | neum omis                  | a adno                     | ata                   |              |
| STATING UNDERLYING CAUSE LAST.  (C)  ASSOCIATED TO THE ABOVE CAUSE LAST.  (C)  ASSOCIATED TO THE MORELYING COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19s. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR?  (City or town)  (County)  (State)  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY (Month)  (Dev)  (Yeer)  (Hour)  While et work  ADDRESS  (Streat, city, town, state)  DATE SIGNED  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BUTIAL  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  PAGE  ADDRESS  REGISTRAR'S SIGNATURE  DATE SIGNATURE  ADDRESS  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  REGISTRAR'S SIGNATURE  DATE SIGNATURE  ADDRESS  REGISTRAR'S SIGNATURE  ADDRESS  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNAT | DISEASES OR CONDITIONS, IF ANY,      | (8)                                       | auo  | tia                        |                            |                       |              |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION  195. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  21e. INJURY OCCURED While M. et work et work  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  21e. INJURY OCCURED While M. et work  21f. HOW DID INJURY OCCUR?  M. from the causes and on the date stated above.  SIGNATURE  22. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL  22. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OF CREMETERY OR CREMATORY  NAME OF CREMETERY OR CREMATORY  ST. FUNERAL DIRECTOR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  No  (County)  (State)  (County)  (State)  (State)  ADDRESS  (Sireal, city, town, state)  DATE SIGNED  M. et work  ADDRESS  (Sireal, city, town, or county)  (State)  M. et work  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   | GIVING RISE TO THE ABOVE CAUSE       | DUE TO A                                  | spriza   | Firm 87                    | furia                      | (ammie                | (i)          |
| 21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg., atc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  (State)  (State)  (State)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  (County)  (State)  (County)  (State)  (State)  (County)  (County)  (State)  (County)  (State)  (County)  (County)  (State)  (County)  (County)  (County)  (State)  (County)  (County)  (County)  (State)  (County)  (County)  (State)  (County)  (County)  (State)  (County)  (County)  (State)  (County)  (County | TO THE DEATH BUT NOT RELATED TO      | THE                                       |  |                            |                            |                       |              |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED Not while et work 21e. INJURY OCCURED NOT WHILE ET WHITE OCCURENT AND INJURY OCCURED NOT WHILE ET WORLD NOT WHITE OCCURED NOT WHITE OCCURENT AND INJURY OCCURED NOT WHITE OCCURENT AND INJURY OCCURED NOT WHITE OCCURED NOT  | 198. DATE OF OPERATION               | 96. MAJOR FINDINGS O                      | F OPERATION  |                            |                            |                       | -            |
| 22. I hereby certify that I attended the deceased from Fig. 3  | OR CONTRIBUTING [ CAUSE OF DEATH     | 21b. PLACE (Home,<br>OF INJURY street, of | farm, factory, 2<br>fice bidg., atc.)  | ic. WHERE DID INJURY OCCUR | ? (City or town)           | (County)              | (State)      |
| alive on   | 21d. TIME OF INJURY (Month) (Dey)    | While                                     | Not while  | 21f. HOW DID INJURY OCCUR  | ?                          |                       |              |
| alive on   | 22. I hereby certify that I          | attended the deceas                       | ed from F-cb 3   | 195 9, to F                | · 6 3 , 19 I y             | that I last saw       | the deceased |
| ADDRESS (Streat, city, town, state)  ADDRESS (Streat, city, town, state)  DATE SIGNED  LOCATION (City, town, or county)  Burial  2/6/59  St. John's  REGISTRAR'S SIGNATURE  ADDRESS (Streat, city, town, state)  LOCATION (City, town, or county)  Burial  2/6/59  St. John's  REGISTRAR'S SIGNATURE  ADDRESS   |                                      |   |  |                            |                            |                       |              |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2/6/59  St. John's  LOCATION (City, town, or county) Hollywood, Md.  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   |                                      | 1 - 1 3                                   | almid.   | ADDR                       | ESS (Streat, city, town    | n, state)             | ATE SIGNED   |
| Burial 2/6/59 St. John's Hollywood, Md.  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 23 RUPLAL CREMATION 1 DA             | ATE THEREOF                               | NAME OF CEMETERY OF  | CREMATORY - LO             |                            |                       | / (State)    |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | REMOVAL (SPECIFY)                    |   |  |                            |                            |                       |              |
| W Clarke Warren I comen Md.  |                                      | 1 1 7 7                                   | 50. 00111  |                            |                            |                       |              |
| DAIL PER 1 O TO 1  | DATE FFR 1 0 '50                     |   |  | W. Clarke W                | attinel co-                | Leonar                | Md.          |
| 20/37/XV Dilling & Thank   | 2013371xV3                           | Ming S. Haus                              |  | VIGINO I                   | T L Lange By               | ,                     | CLOWIK       |

# CERTIFICATE OF DEATH

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Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

Doy, Year

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

MEDICAL 20c. TIME OF INJURY a. m

20d. INJURY OCCURRED While Not while of wark of wark

foctory, street, office bldg., etc.)

(Stote) (County)

21. I certify that I attended the deceased from olive on

and that death occurred of T. M., from the causes and on the date stated above.

ACTUAL PHYSICIAN'S

a. COUNTY

NAME OF

no

5. SEX

DECEASED

J. Roy Guyther.

Robinson - Leonardtown, Md.

Mechanicsville, Md.

NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY All Faith

22d. LOCATION (City, town, or county) Charlotte Hall, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR DATE MAR 2

24b. REGISTRAR'S SIGNATURE aring & Traces

1952 2, that I last saw the deceased

10 VS A15 (4)

FUNER 3

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12278

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

Days

(County)

ON A FARM? YES NO E

Year

192

15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02279

|               |  | 2292 "                       | (EDIC)       | AL EXAMINER  | CERTIFICA  | IE OF D                | CAIN             | Reg. Dist. N    | 0.                                      |
|---------------|--|------------------------------|--------------|--|--|------------------------|------------------|-----------------|---|
| 1.            | PLACE OF DEATH                         |                              |              |  | 2. USUAL RESIDENCE (                                       |                        |                  |                 | afore odmission)                        |
|               | 16                                     | . Mary's                     |              | MARYLAND   | o. STATE Mary  | land                   | b. COUNTY        | St. I           | lary's                                  |
| 1             | pnd give negrest tov                   | If outside corporate limits, | write RURAL  | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (I   |                        | te limits, write | RURAL ond give  | neorest town)                           |
| -             | Rural                                  | Abell                        |              | Life   | X Rural  | Abell                  |                  |                 |   |
|               | d. NAME OF HOSP                        | TAL OR INSTITUTION           | (If not in h | ospital, give street address)  | d. STREET ADDRESS  |                        |                  |                 | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3.            | NAME OF<br>DECEASED<br>(Type or print) | Edwar                        | First d      | J . Middle   | Herman   | 4. DATE<br>OF<br>DEATH | Month 2          | Day             | Year - 1959                             |
| 5.            | SEX                                    | 6. COLOR OR RAC              | E 7. MARI    | RIED NEVER MARRIED 8   | DATE OF BIRTH  | 9                      | AGE (In years    | IFUNDER TYEAR   | IF UNDER 24 HRS.                        |
|               | Male                                   | White                        | WIDOW        |  | 9-14-  |                        | 54 yrs.          | Months Days     | Hours Min.                              |
| 10            | o. USUAL OCCUPAT                       | ION (Give kind of wo         | k done 10b.  | KIND OF BUSINESS OR INDUST   | RY 11. BIRTHPLACE (Stote                                   | or foreign count       | iry)             | 12. CITIZEN C   | F WHAT COUNTRY                          |
|               | Handy                                  | man                          | <i>'</i>     |  | Maryl  | and                    |                  | U.S.A           |   |
| 13            | B. FATHER'S NAME                       |                              |              |  | 14. MOTHER'S MAIDEN  | NAME                   |                  |                 |   |
| H             |  | Unknor                       | wn           |  | Ur   | nknown                 |                  |                 |   |
| 15            | S. WAS DECEASED E                      | VER IN U. S. ARMED           | FORCES? 16   | S. SOCIAL SECURITY NO. 17. IF  | FORMANT  |                        | Address          |                 |   |
| 1"            | Yes                                    | "WW1233                      | 96142        | 20 16 8926 W   | orld War S   | ervice                 | Recor            | d               |   |
| -             | 18. CAUSE OF DE                        |                              |              | e for (o), (b), and (c). ]   |  |                        |                  |                 | EVAL BETWEEN                            |
|               |  | ATH WAS CAUSED BY            | :            |  | Re a 0   |                        |                  |                 | NO DEATH                                |
|               | 420.1                                  | IMMEDIATE CAUSE              |              | Coronar  | y ocale  | to degin               |                  | 7               | V-esmente                               |
|               | 1                                      | DUE 1                        |              | 7  |  |                        |                  | 100             |   |
|               | Conditions, if                         | ediote couse                 | (b)          |  |  |                        |                  |                 |   |
|               | (o), stating the                       | underlying DUE 1             | 0            |  |  |                        |                  |                 |   |
| ,             |  | )                            | (c)          | COLUMN TAKE TO BE AT A DESTRUCTION OF THE PARTY OF THE PA |  |                        |                  |                 |   |
| 2             | PART II. OI                            | HER SIGNIFICANT CO           | INDITIONS C  | CONTRIBUTING TO DEATH BUT N  | IOI RELATED TO THE TERM                                    | INAL DISEASE CO        | ONDITION GIVE    | EN IN PART 1(0) | 19. WAS AUTOPSY<br>PERFORMED?           |
| N N           | On EVERNING                            | linee                        |              |  |  |                        |                  |                 | YES   NO D                              |
| CERTIFICATION |  | ONTRIBUTING []               | 20b. DESCRI  | BE HOW INJURY OCCURRED. (E   | nter noture of injury in Por                               | til or Partill of i    | tem 18.)         |                 |   |
| MEDICAL       | Hour o. m.                             | 5                            | Whi          |  | CE OF INJURY (Home, form<br>ory, street, office bldg., etc | n. 20f. (City or       | lown)            | (County)        | (Stote)                                 |
|               | 21. I certify 1                        | hot I took chor              | ge of the    | remoins described obo  | ve. held an Autops   | v 🗖 . Insp             | ection 4.        | Inquiry []      | ond in my                               |
|               |  |                              |              | couses . Accident  |  |                        | -                |                 | ,                                       |
| ŀ             | ACTUAL<br>SIGNATURE                    | Ph/n                         | is,          | Bayl   | _M.D. CHIEF MEDICAL EX                                     | KAMINER                |                  |                 | DATE SIGNED                             |
|               | EXAMINER'S<br>NAME (Type)              | William                      | n D.         | Boyd M.D.  | ASSISTANT MEDIC DEPUTY MEDICAL                             |                        |                  | 2               | -7.59                                   |
| 22            | O. BURIAL CREMATI                      | ON, 226. DATE THER           | EOF          | 22c. NAME OF CEMETERY OR   |  | 22d. LOCATION          |                  | county)         | (Stote)                                 |
| E             | Burral Specify                         | 2/9/                         | 59           | Sacred Hear  | t  | Bushw                  | rood,            | M               | d.                                      |
| 22            | FISHERAL DIRECTO                       | P'S SIGNIATURE               |              | ADDRESS  | 24- 850  | D BV DECISSOND         | Louis Project    |                 |   |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the extracted, withing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be a standard be executed for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State E of Health, are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57



W. Clarke Mattingley Leonardtown, Md.

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| MARYLAND   | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 1 |
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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) o. COUNTY b. COUNTYSt. Mary's St. Mary's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown days XVallev Lee d. NAME OF HOSPITAL (II not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? St. Mary's Hospital YES NO DE 3. NAME OF 4. DATE DECEASED 28. William Jackson Feb. (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 B. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost by theoy) Doys Male Colored WIDOWED FT 1901 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. Weat Virginia Farm Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Carrie Jackson Valley Lee, Md. 18. CAUSE OF DEATH [Enter only one cause per-line lar (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO DA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 5 7 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) P. J. Bean M. Great Mills, Maryland 220. BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) alley St. Mark's Burial Md.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur & France

9 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Clarke Mattingley Leonardtown, Md.

ol director. Poge de your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the crificate, writing the ward "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral 4 should be and on the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State L or its designated agent, prior to burial, cremation, or remayal, and in any eyent-within 72 hours after death.

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VS. A15ME 5M 2/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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|--|--|--|---|--|---|
| PLACE OF DEATH   | 10/00/3  |  |   | here deceased lived. If institu                                | ution: Residence before admission)                    |
| a. COUNT   | St. Marys  | MARYLAND   | o. STATE Maryl  | and b. COUNT   | St. Marys   |
| b. CITY OR TOWN and give negres! tow                                     |  | _  | c. CITY OR TOWN (IF   |  | RURAL and give nearest town)                          |
|  |  | 5 yrs  | d. STREET ADDRESS   | and  | e. IS RESIDENCE                                       |
|  | Rural  |  | Rura  | 1  | YES NO YES  |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                | Sarah  | Middle H. Jan  | lost  | 4. DATE Monti  |   |
| 5. SEX   | 6. COLOR OR RACE 7.  | MARRIED T NEVER MARRIED 8.   | DATE OF BIRTH   | 9. AGE (In years last brightjay)                               | IF UNDER TYEAR IF UNDER 24 HRS.                       |
| female   | colored  | DOWED DIVORCED   | May 12, 18  | 78 80 81 yr.   | Months Days Hours Min.                                |
| during most of work  | ION (Give kind of work done ing life, even if retired) EWIFE | 10b. KIND OF BUSINESS OR INDUSTI<br>domestic   | Maryland  | or foreign country)  | 12. CITIZEN OF WHAT COUNTRY                           |
| 13. FATHER'S NAME  |  |  | 14. MOTHER'S MAIDEN N   | AME  |   |
|  | Alexander S  | mith   | Lucy J  | aminson  |   |
| 15. WAS DECEASED E   | VER IN U. S. ARMED FORCES                                    |  | FORMANT   | Address  |   |
| no   |  |  | rman H. Jan   | minson - Sco   | otland: Md.   |
| Conditions, if gave rise to imm (o), stoting the couse lost.             | ediate cause   |  | 4   |  |   |
| ST   |  | ONS CONTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TERMI                                       | NALDISEASE CONDITION GIV                                       | VEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO 2 |
| 200. EXTERNAL CAPRIMARY OF CO  | AUSE WAS 20b. D  | ESCRIBE HOW INJURY OCCURRED. (E  | nter noture of injury in Part                                 | I or Port II of item 18.)                                      |   |
| 20c. TIME OF INJI<br>Hour o. m<br>p. m                                   |  | 20d. INJURY OCCURRED 20e. PLAC While Not while of work   | CE OF INJURY (Home, form,<br>ory, street, office bldg., etc.) | 20f. (Cily or town)  | (County) (State)                                      |
|  |  | the remains described about the remains described about the second secon |   | damicide [], Undete  | Inquiry A and in my ermined manner DATE SIGNED        |
| EXAMINER'S<br>NAME (Type)  | William D  | Boyd, MD   | DEPUTY MEDICAL E  |  | 2/15/87   |
| 220. BURIAL, CREMATI<br>REMOVAL (Specif<br>Burial<br>23. FUNERAL DIRECTO | 2/18/59  | St. Lukes  |   | 22d. LOCATION (City, town, Scotland, No BY REGISTRAR 24b, REGI |   |
|  |  | eonardtown, Md.  | DATEFE  | - 4 - 100  | Thuy S. Krains  |

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| . 3 | 4 | 1  | O | :3 |  |

DATE SIGNED

(Stote)

| ££36  | CERTIFIC                    | ATE OF DEATH   |                                   | Reg. Dist. No.  | 4400                                   |
|---|-----------------------------|--|-----------------------------------|-----------------|--|
| 1. PLACE OF DEATH COUNTY St. Mary's   | MARYLAND                    | 2. USUAL RESIDENCE (Who o. STATE Mary                        | land b. COUNTY                    | t. Mary         |  |
| b. CITY OR TOWN (If outside corporate limits, write   | c. LENGTH OF STAY IN 16     | c. CITY OR TOWN (If or                                       | utside corporate limits, write RU |                 | est town)                              |
| Palmers Rural   | Life                        | X Rural  | Palmers                           |                 |  |
| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  | oddress)                    | G. STREET ADDRESS  |                                   | e               | IS RESIDENCE<br>ON A FARM?<br>YES NO X |
| 3. NAME OF First DECEASED (Type or print) Thomas  | Arthur Ma                   | ttingly  | 4. DATE Month OF DEATH Feb.       | Doy<br>9,       | Year<br>19 59                          |
| 5. SEX Male    6. COLOR OR RACE   7. MARR   WIDOWE  | ED DIVORCED                 | 8. DATE OF BIRTH Sept 15,18                                  | last highdays                     | Months Days     | F UNDER 24 HRS. Hours Min.             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Water man                | KIND OF BUSINESS OR INDU    | STRY 11. BIRTHPLACE (Stole of Maryl                          |                                   | 12. CITIZEN OF  | A.                                     |
| 13. FATHER'S NAME   |                             | 14. MOTHER'S MAIDEN N  |                                   |                 |  |
| Thomas O. N   | lattingly                   | Elizabe  | th L. Goldsb                      | orough          |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   Iff yes, give wor or dates of service) Yes   WW1 |                             | isy E.Turli  | ngton 4219-4                      |                 | .E.                                    |
| 18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)                     | ne for (o), (b), and (c).]  | irontrais -  | Washingt                          |                 |  |
| Conditions, if any, which ) (b) Ch  | mie myse                    | carditio, De   | chetic                            |                 |  |
| gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)                                      | 0                           |  |                                   |                 |  |
| PART II. OTHER SIGNIFICANT CONDITIONS C   | ONTRIBUTING TO DEATH BU     | NOT RELATED TO THE TERMIN                                    | NAL DISEASE CONDITION GIVE        |                 | WAS AUTOPSY PERFORMED?                 |
|   | CRIBE HOW INJURY OCCURRI    | D. (Enter noture of injury in P                              | art I ar Part II of item 18.)     |                 |  |
| Hour a.m. While   | Not while to work   20e. Pl | ACE OF INJURY (Home, form, ctory, street, office bldg., etc. | 20f. (City or town)               | (County)        | (State)                                |
| 21. I certify that I attended the decease alive on Feb. 9 19  | - V                         | , 1957, to 3-  | M, from the causes an             | that I last say | w the deceased                         |

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page letached for use as the burial-transit the registrar prior TO FUNERAL DI poge 3 should TO HOSPITAL

the attending physicion and completely filled in

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ar removal, and

VS A15 (4) 15M 10/57



ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)
Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY Sacred Heart

Charles Greenwell M.D.

ADDRESS

22b. DATE THEREOF

W. Clarke Mattingley Leonardtown. Md.

22d. LOCATION (City, town, or county) Bushwood Maryland

24a. REC'D BY REGISTRAR DATE EB 1 3 '59

Leonardtown, Md.

24b. REGISTRAR'S SIGNATURE arthur S. Trains

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12283 Reg. Dist. No.

HEALTH DEPT. files. Heolth. 40

PLACE OF DEATH o. COUNTY Varvis

MARYLAND

arvland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL

c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hollywood

Rural Hollywood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Life

ad. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

| 3. | NAME     |
|----|----------|
| •  | DECEAS   |
|    | {Type or |

Francis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH

Middle Xavier

4. DATE Miedzinski Karh

Month February YES NO Yeor 19 59

| SEV |   |
|-----|---|
| Mal | 6 |

White WIDOWED

First

DIVORCED T

June 30,1940

14. MOTHER'S MAIDEN NAME

9. AGE |In years IFUNDER TYEAR Months

during most polyacting life given if retired)

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Farm

Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

INTERVAL BETWEEN

13. FATHER'S NAME

Joseph M. Miedzinski

Mary Eva Copsey

16. SOCIAL SECURITY NO. None

Joseph M. Miedzinski Hollywood. Md.

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

**DUE TO** 

Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse fast

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED?

20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.

Accident .

DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item, 18.)

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

Suicide P. Homicide .

NOF

(State)

Month, Day, Year

at work at work

21. I certify that I took charge of the remains described above, held and Autopsy

factory, street, office bldg., elc.)

Inquiry /

(County)

Undetermined manner

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

22d. LOCATION (City, town, or county)

DATE SIGNED

NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)

**EXAMINER'S** 

J. Bean M.D

opinion death resulted from: Natural causes ...

22c. NAME OF CEMETERY OR CREMATORY St. John'd

Hollywood,

Inspection Z.

Md 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

Mattingley Leonardtown, Md.

240. REC'D BY REGISTRAR DATEFEB

Onthur & Krous

should be 104

VS. A15ME SM 2/57

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2298 CERTIFICATE OF DEATH

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|  |   | -                |                                      |             |  |                             |                          |                            |              |                      |  |
|--|---|------------------|--------------------------------------|-------------|--|-----------------------------|--------------------------|----------------------------|--------------|----------------------|--|
| 1. PLACE OF DEATH o. COUNTY St.                      | Mary's  |                  | MARYLA                               |             | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's |                             |                          |                            |              |                      |  |
| RURAL and give n                                     | If outside corporate limit<br>earest town)<br>onardtown           |                  | c. LENGTH OF STAY IN                 | 10          | K c. CITY OR T   |                             | onard                    | e limits, write R          | URAL and giv | re nearest la        | own)                                   |
| d. NAME OF HOSPI<br>OR INSTITUTION                   | TAL (If not in hospital, g  | ive street       | oddress)                             |             | d. STREET A  | DDRESS                      |                          |                            |              | ON                   | RESIDENCE<br>N A FARM?                 |
| 3. NAME OF<br>DECEASED<br>(Type or print)            | Firs<br>Ma  | ry               |                                      | lola        | n los  | 1                           | 4. DATE<br>OF<br>DEATH   | Feb.                       | 23           | Day 9                | Year<br>19 59                          |
| 5. SEX   |   |                  | HED NEVER MARRIED                    |             | DATE OF BIRT   |                             |                          | AGE (In years              |              |                      | NDER 24 HRS.                           |
| Female   | Colored   |                  |                                      |             | une 30   |                             | U                        | 10 yrs.                    | Months D     | Pays Hou             | rs Min.                                |
| auring most at war                                   | ON (Give kind of work d<br>king life, even if retired)<br>SE WIFE | lone 10b.        | KIND OF BUSINESS OR Home             | INDUST      | RY 11. BIRTHPL   |                             | or foreign cour<br>Maryl |                            |              | S.A.                 | IAT COUNTRY                            |
| 13. FATHER'S NAME                                    |   |                  |                                      |             |  |                             | AME                      |                            |              |                      |  |
|  | John Coo  | per              |                                      |             | Ma   | ary R                       | ose W                    | ood                        |              |                      |  |
| 15. WAS DECEASED EVE<br>(Yes. no. or unknown)<br>NO  | ER IN U. S. ARMED FORG<br>(If yes, give wor or dates of se        | rvire)           | social security no.                  |             | ormant<br>n P.Cl   | nase                        | Leon                     | ardtow                     |              | rylaı                | nd                                     |
|  | mmediate (  | 1                | Vrenue 95)<br>Vrenue On<br>Vardial R | ters<br>lec | nia<br>titial  | ne                          | shriti                   | Ó                          |              | INTERVAL<br>ONSET AN | BETWEEN<br>ND DEATH                    |
| CATI   |   |                  | CONTRIBUTING TO DEAT                 |             |  |                             |                          | SUP-4-2                    | EN IN PART 1 | PER                  | AS AUTOPSY<br>PFORMED?                 |
|  | MEDICAL EXAMINER)   |                  | CRIBE HOW INJURY OCC                 | 50          |  |                             |                          |                            |              |                      |  |
| 20c. TIME OF INJUR<br>Hour a. m.<br>p. m.            | RY Manth, Day, Yea  | White<br>at worl | _ Not while                          | facto       | E OF INJURY (I<br>ry, street, affice   | Hame, farm,<br>bldg., etc.] | 20f. (City or            | town)                      | (Co          | unty)                | (Stale)                                |
| 21. I certify the alive an                           | Charle  | _, 19 1          |                                      | MA          | ccurred at   |                             | ADDRESS (Stree           | herduses co. citylar town. | and on the   | date sta             | ne decease<br>ofed abave<br>DATE SIGNE |
| 220. BURIAL, CREMATIO<br>REMOVAL (Specify)<br>BUREAS | 2/25/59   | )                | 22c. NAME OF CEMETI                  |             |  |                             | Holly                    |                            | N            | laryb                | nd                                     |
| 23. FUNERAL DIRECTOR                                 |   | Tr T             | ADDRESS                              | · 1/        | 12   |                             | BY REGISTRA              | -                          | STRAR'S SIGN | Trave                |  |

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| MARYLAND             | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|----------------------|------------------|----------------------|----|
| 112-116 1 102-11 402 |                  | Of HEALTH DALIMORE,  |    |

2200 CERTIFICATE OF DEATH

12287 Reg. Dist. No.

|   | Fed Pal V                                       | -                        |                                 |           |                                     |                               |                        |   |               |            |                        |       |
|---|---|--------------------------|---------------------------------|-----------|-------------------------------------|-------------------------------|------------------------|---|---------------|------------|------------------------|-------|
| o. COUNTY St  | Mary's  |                          | MARY                            | (LAND     | O STATE                             | Maryl                         |                        | lived. If institution b. COUNTY         |               |            |                        |       |
| b. CITY OR TOWN (I  | f outside corporole limited rest town).         | s, write                 | c. LENGTH OF STAY               |           | Ke. CITY OR<br>Rural                |                               | emen                   | ote fimits, write R<br>ts               | URAL ond      | give neare | est Iown)              |       |
| d. NAME OF HOSPIT<br>OR INSTITUTION   | St. Mary  |                          |                                 |           | d. STREET                           | ADDRESS                       |                        |   |               |            | IS RESIDENCE ON A FARM | 42    |
| 3. NAME OF<br>DECEASED<br>(Type or print)   | Jose  |                          | Middle<br>Howar                 |           | Raley                               | st                            | 4. DATE<br>OF<br>DEATH | Februa                                  |               | 20         | Yeor                   | 59    |
| s. sex<br>Male  | 6. COLOR OR RACE White                          | 7. MARRI<br>WIDOWEI      | ED NEVER MARRI                  |           | DATE OF BIRT                        |                               |                        | 9. AGE (In years last birthday) 50 yrs. | Months Months |            | Hours Mi               |       |
| Farmer  | king life, even if retired                      | lone 10b. I              | Farm                            | OR INDUST |                                     |                               | Ma                     | unity)<br>aryland                       |               |            | S.A.                   | NTRY  |
| 13. FATHER'S NAME   | Tohn N  | n D                      | 1 072                           |           | 14. MOTHER'S                        |                               |                        | h Farm                                  |               |            |                        |       |
| S WAS DECEASED EVE  | John I  |                          |                                 | 12 150    | FORMANT                             | A DIT                         | zabet                  | h Farr                                  |               |            |                        |       |
| 15. WAS DECEASED EVE<br>(Yes, no. Nunknown)                                       | (If yes, give wor or dates of u                 | 21                       | 2-12-793                        | -         | anette                              | R. F                          | laley                  | Cleme                                   |               | Mary       | land                   |       |
| PART I. DEA  Conditions, if o gove rise to 1 couse (o), stoting lying couse lost. | mmediate the under-                             |                          | Co                              | ron       | nary                                | 600                           | -lu                    | 210th                                   |               | ONSE       | VAL BETWEEL            | TH    |
| CATIC   | HER SIGNIFICANT CON                             |                          |                                 |           |                                     |                               |                        |   | 'EN IN PAR    |            | PERFORMED              | )?    |
|   | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) | 206. DESC                | RIBE HOW INJURY C               | CCURRED.  | (Enter nature o                     | of injury in P                | ort I or Part          | II of item 18.)                         |               |            |                        |       |
| 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.   | Y Month, Day, Yes                               | While<br>of work         | UURY OCCURRED Not while of work | 20e. PLAC | CE OF INJURY of ory, street, office | (Home, form,<br>e bldg., etc. | 20f. (City             | ar town)                                | (0            | County)    | (51                    | tole) |
| 21. I certify the alive on  | at I attended the                               | decease<br>, 19 <u>5</u> | 4.4                             |           |                                     | 6P                            | _M, fram               | the causes of eet, city or town,        | and an t      |            |                        | bove  |
| PHYSICIAN'S<br>NAME (Type)  | William   |                          |                                 |           |                                     | nardt                         |                        | Maryla                                  |               |            | /                      |       |
| 220. BURIAL, CREMATIC<br>REMOVAL (Specify)<br>Burial                              | 2/23/5  |                          | Sacred                          |           |                                     |                               | Bush                   | wood,                                   |               | Md.        | (Stote)                |       |
| 23. FUNERAL DIRECTOR  |   | т Т                      | ADDRESS                         |           |                                     | 24a. REC'E                    | 2 5 159                |   | STRAR'S SIG   | 10         |                        |       |
| W.Clarke  | Mattingle                                       | V LG                     | CATOREGO                        | ATT       | AC.                                 | DATE L                        | -                      |   |               |            |                        |       |

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### **CERTIFICATE OF DEATH**

112288

|        |   | 490   | J                            | CERTIFICA                                   | AIL OI             | DLAII                              |                        |                                      | Reg. Dist.      | No.          |                     |
|--------|---|---|------------------------------|---|--------------------|------------------------------------|------------------------|--------------------------------------|-----------------|--------------|---------------------|
| 1      | PLACE OF DEATH  | St. Mary!   | 3                            | MARYLAND                                    | a. STATE           | esidence (wi                       |                        | d lived. If instituti<br>b. COUNTY   | 31 95           | before odm   | ission)             |
|        |   | f outside corporale timi<br>arest town)                 |                              | c. LENGTH OF STAY IN 16 Life                |                    |                                    |                        | rote limits, write F                 | URAL ond giv    | e nearest lo | wn)                 |
|        |   | AL (If not in hospitol, g                               | ive street                   |   | -                  | Lamen<br>T ADDRESS                 | 08                     |                                      |                 | ON           | ESIDENCE<br>A FARM? |
| 11 00  | B. NAME OF<br>DECEASED<br>(Type or print)                                 | Wayne   | st                           | Middle<br>Anthony                           | Russ               | lost<br>sell                       | 4. DATE<br>OF<br>DEATH | Feb.                                 | th              | Doy 1 9      | Year<br>1959        |
| 147    | Male  | 6. COLOR OR RACE White                                  | 7. MARR                      | RIED NEVER MARRIED A                        | 8. DATE OF B       | PRTH TO I                          | 1899                   | 9. AGE (In years last birthday) yrs. | Months De       | YEAR IF UNI  | DER 24 HRS          |
|        | Farmer  | ON (Give kind af work of<br>king life, even if retired) | tone 10b.                    | KIND OF BUSINESS OR INDU                    | STRY 11. BIRT      | HPLACE (Stole<br>Maryl             |                        | ountry)                              | 12. CITIZI      | U.S          |                     |
| 1      | 3. FATHER'S NAME  John A.   | Russell   |                              |   | 14. MOTH           | Lucy                               |                        | 22+                                  |                 |              |                     |
| 1      | S. WAS DECEASED EVE   |   | CES? 16.                     |   | NFORMANT<br>S Sara | ah R.A                             |                        | Add                                  | ress            |              |                     |
|        | Conditions, if a gove rise to it couse (o), stoting lying couse lost.     | the under-  | )                            | Gerna<br>Gerna<br>CONTRIBUTING TO DEATH BUT | lye                | of A                               | ters                   | slows                                | /ENI INI DART 1 | 5-           | no                  |
| 100    | 20g. ACCIDENT WA  | S UNDERLYING 🗆  |                              | CRIBE HOW INJURY OCCURRE                    |                    |                                    |                        |                                      | TEN IN TAKE     | PERF         | ORMED?              |
|        | OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR' Haur o. m. p. m. | CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yec     | r 20d. If<br>While<br>of wor | Not while fo                                |                    | RY (Home, form<br>ffice bldg., etc |                        | ar town)                             | (Cou            | unty)        | (Stote              |
|        | 21. I certify the alive an  | at I attended the                                       | decease<br>_, 19 &           | and that death                              | occurred<br>M.D.   |                                    |                        |                                      |                 | date sta     |                     |
|        | PHYSICIAN'S<br>NAME (Type)  | William H   | . Pa                         | atrick M.D.                                 | ]                  | Lexing                             | ton I                  | Park, M                              | arylaı          | nd           |                     |
|        | 20. BURIAL, CREMATIO<br>REMOVAL (Specify)<br>Burial                       | 2/21/5  | _                            | St. Jpsepl                                  |                    |                                    | Morg                   | ion (City, town,                     | Ma              | ryla         | ote)<br>nd          |
| N<br>N | 3. FUNERAL DIRECTOR'S   |   | Le                           | ADDRESS<br>conardtown, Ma                   | arylan             |                                    | EB 2                   | RAR 24b. REGI                        | STRAR'S SIGN    | ATURE        |                     |

funeral director, yld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the hospital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by estached for use as the burial-transit permit. Then please remave carbon papers. Pages Land 24 TO FUNERAL DI TO HOSPITAL OR

VS A15 (4) 15M 10/57

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ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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|  | 230  | 1                   | CERTIFIC                               | ATE OF DEA  | TH                     |                                 | Reg. Dist.    |                |   |
|--|--|---------------------|--|---|------------------------|---------------------------------|---------------|----------------|---|
| 1. PLACE OF DEATH o. COUNTY St   | . Mary's                                       |                     | MARYLAND                               | 2. USUAL RESIDENCE<br>o. STATE<br>Mary                | (Where deceased        | lived. If institution b. COUNTY | t. Ma         | before admissi | ion)                                    |
| b. CITY OR TOWN (If RURAL and give nea                                   | outside corporate limi                         | ls, write           | c. LENGTH OF STAY IN 16                | c. CITY OR TOWN                                       | (If outside corpor     | ote limits, write RL            | JRAL and give | nearest town   | )                                       |
| Rural Ca   | lifornia                                       |                     | Life                                   | X Rural   | Calif                  | ornia                           |               |                |   |
| d. NAME OF HOSPITA<br>OR INSTITUTION                                     | L (If not in hospital, g                       | ive street          | address)                               | d. STREET ADDRESS                                     | 5                      |                                 |               |                | PARM?                                   |
| 3. NAME OF<br>DECEASED   | Fir  | st                  | Middle                                 | Last  | 4. DATE                | Mont                            | h             | Day 1          | Yeor                                    |
| (Type or print)  |  | ncis                |  | Toney   | DEATH                  | Feb.                            | 10,           | 1              | 1959                                    |
| 5. SEX   | 6. COLOR OR RACE                               | 7. MARI             | RIED NEVER MARRIED                     | B. DATE OF BIRTH                                      |                        | 9. AGE (In years lost_birthdoy) | 7             | EAR IF UNDE    |   |
| Male   | Colored  | WIDOW               | ED DIVORCED                            | March 16,   | 1893                   | 65 yrs.                         | Months Do     | ys Hours       | Mín.                                    |
| 10o. USUAL OCCUPATION during most of working Waterma                     | ng life, even if retired                       | done 10b.           | KIND OF BUSINESS OR INC                | DUSTRY 11. BIRTHPLACE (S                              | lole or foreign co     |                                 |               | S.A.           | COUNTR                                  |
| 3. FATHER'S NAME   |  |                     |  | 14. MOTHER'S MAIDE                                    |                        |                                 |               |                |   |
|  | James  | To                  | oney                                   | Jenn:   | ie Guyt                | her                             |               |                |   |
| 15. WAS DECEASED EVER<br>IYes, no, or unknown) (H                        | IN U. S. ARMED FOR yes, give wor or dates of s | CES? 16.<br>ervice) | SOCIAL SECURITY NO. 17.                |   | oney (                 | aliforn                         |               | arylan         | ıd                                      |
| 18. CAUSE OF DEAT  | H [Enter only one co                           | use per li          | ne for (a), (b), and (c).}             | - ' 2   |                        |                                 |               | INTERVAL BET   | TWEEN                                   |
| PART I. DEAT   | WAS CAUSED BY:                                 | 1                   | Heart                                  | talle   | ne                     |                                 |               | ONSET AND      | DEATH                                   |
| 587.1  | DUE TO   |                     | 0/                                     | 0   |                        |                                 |               |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Conditions, if on  | y, which ) (b                                  |                     | ( aroma                                | Paner   | reality.               |                                 |               | 5M             | Pm                                      |
| gove rise to im<br>couse (o), stoting th                                 | mediate (                                      |                     |  |   |                        |                                 |               | 0              |   |
| lying cause lost.  | le <u>under-</u>                               |                     |  |   |                        |                                 |               |                |   |
| PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING III (IF EITHER, NOTIFY M | R SIGNIFICANT CON                              | DITIONS             | CONTRIBUTING TO DEATH B                | UT NOT RELATED TO THE TE                              | RMINAL DISEASE         | CONDITION GIVE                  | EN IN PART 1( | PERFO          | AUTOPSY<br>RMED?                        |
|  | CAUSE OF DEATH                                 | 20b. DES            | CRIBE HOW INJURY OCCUR                 | RED. (Enter noture of injury                          | in Port I or Port      | II of item 18.)                 |               |                |   |
| 20c. TIME OF INJURY<br>Hour o. m.<br>p. m.                               | Month, Day, Yeo                                | While               | NJURY OCCURRED 20e.  Not while at work | PLACE OF INJURY IHame, foctory, street, office bldg., | form, 20f. (City etc.) | or town)                        | (Cou          | nty)           | (State)                                 |
| 21. I certify tha  | t I attended the                               | deceas              | ed from Jeme                           | , 19 <u>53</u> , to_                                  | Fel 1                  | 0 1959                          | that I las    | t saw the      | decease                                 |
| alive an Fe  | 8:5  | _, 19_              |  | th accurred at  |                        |                                 |               |                |   |
|  | 101  | )                   |  | 0   | ADDRESS (Str           | eet, filly or Jown,             | itote)        | DA             | TE SIGNI                                |
| ACTUAL<br>SIGNATURE  | With   | ah                  | reli                                   | M.D. Lexu   | ngton                  | rocky                           | Tur           | 2.             | 11-5                                    |
| PHYSICIAN'S WI   | lliam H.                                       | Pat                 | rick M.D.                              | Lex:  | ington                 | Park, N                         | Id.           |                | 4-3-6                                   |
| 220. BURIAL, CREMATION   | 22b. DATE THEREO                               | F                   | 22c. NAME OF CEMETERY                  | OR CREMATORY  | 22d. LOCAT             | ON (City, town, o               | r county)     | (Stote         | 1                                       |
| REMOVAL (Specify)  | 2/13/59  | )                   | St. John!                              | s Cemetery  |                        | ywood,                          |               | Id.            |   |
| 23. FUNERAL DIRECTOR'S   | SIGNATURE                                      |                     | ADDRESS                                |   | EC'D BY REGISTI        |                                 | TRAR'S SIGNA  | ATURE          |   |
| W.Clarke N   | attingle                                       | v Le                | eonardtown,                            | Md. DATE  | ER 1 2 '50             | 0.                              | -04           | 70174          |   |

TO FUNERAL DIP TO HOSPITAL OR VS A15 (4) 15M 10/57

THE REPORT STATE OF A PRINCIPAL OF HEALTH PARTITIONS OF A PRINCIPAL STATE OF A PRINCIPAL STAT The state of the second se

VS A15 (4) 15M 10/57

|  | 230:  | 2         | CERTIFIC                               | CATE OF                              | DEATH                 | 1                      | more,                                       | Reg. D            | ist. No.         | ()      | 229                             |
|--|---|-----------|--|--------------------------------------|-----------------------|------------------------|---|-------------------|------------------|---------|---------------------------------|
| 1. PLACE OF DEATH  o. COUNTY  St   | , Mary's  |           | MARYLAN                                | II A STATE                           | Marvl                 |                        | lived. If institution b. COUNTY             |                   | Maj              |         |                                 |
| b. CITY OR TOWN ( RURAL and give n   | If outside corporate limit                        | s, write  | c. LENGTH OF STAY IN 1                 | 1                                    |                       | utside corpor          | ote limits, write f                         |                   |                  |         |                                 |
|  | TAL (If not in hospitol, g                        | ve street |  |                                      | TADDRESS              |                        |   |                   |                  |         | SIDENCE<br>A FARM?              |
| 3. NAME OF<br>DECEASED<br>(Type or print)  | Dossie  |           | Middle<br>Henry                        | Wiggi                                | lost<br>Lns           | 4. DATE<br>OF<br>DEATH | Feb.  | nth               | 18.              |         | Yeor<br>19 59                   |
| 5. SEX<br>Male   | 1   | 7. MARI   | RIED NEVER MARRIED E                   |                                      |                       |                        | 9. AGE (In years lost birthday) 75 yrs.     | IF UNDE<br>Months | R 1 YEAR<br>Doys | Hours   | ER 24 HRS                       |
| 10a. USUAL OCCUPATION during most of wor Fireman  13. FATHER'S NAME                | king life, even if refired)                       | lone 10b. | KIND OF BUSINESS OR IN                 | N                                    | Vorth                 | Carlo                  |   | 12. C             |                  | S . A.  | COUNTR                          |
| 15. WAS DECEASED EVE<br>(Yes, no. or unknown)                                      | David W R IN U. S. ARMED FORG                     |           | SOCIAL SECURITY NO. 1                  | Ja<br>7. INFORMANT<br>Irs Mabe       | ane Os                |                        | Add   |                   |                  |         |                                 |
| Conditions, if a gove rise to i couse (a), stoting lying couse lost.  Part II. OTI | the under-  | Ce        | celtral Chr                            | turose<br>BUT NOT RELATED            | elive<br>TO THE TERMI | NAL DISEASE            | CONDITION GIV                               | VEN IN PA         | RT 1(o) 19       | c/ - /  | AUTOPSY                         |
| THER, NOTIFY   | AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES  | CRIBE HOW INJURY OCCU                  | RRED. (Enter noture                  | e of injury in f      | Port I ar Port         | II of item 1B.)                             |                   |                  | YES [   | NO NO                           |
| Y 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.  | Y Month, Day, Yea                                 | While     | NJURY OCCURRED 20e.  Not while at work | PLACE OF INJURY foctory, street, off |                       |                        | or town)                                    |                   | (County)         |         | (Stote)                         |
| 21. I certify the alive on   | eat I attended the                                | . /(      | and that dec                           | ath accurred c                       | lingti                | ADDRESS (SI            | the causes of ceet, city or town, ?!  Park, | stote)            | the dat          | e state | decease<br>ed abay<br>ATE SIGNI |
| 20. BURIAL, CREMATIC<br>REMOVAL (Specify)  | N. 22b. DATE THEREO                               |           | 22c. NAME OF CEMETER                   |                                      | 2021                  | 22d. LOCAT             | ON (City, lown,                             | or county)        |                  | (State  |                                 |
| 23. FUNERAL DIRECTOR   |   | ral       | ADDRESS<br>Home Wake                   | Forest,                              | 240. REC'S<br>DATE    | BY REGISTE             |   | STRAR'S S         |                  | _       |                                 |

MARYLAND STATE DEPARTMENT OF HEALTH PALTIMORE 10

Beddingfield Funeral Home Wake Forest, DATE
North Carolina

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